

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	DS	75353	2-23-9
<b>RESPONSE FORMALITY REVIEW</b>	MS	71622	5-04-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	X	✓	2/20
2	✓	✓	6/03
3	✓	✓	2/20
4	✓	✓	2/23
5	✓	✓	2/23
6	N	✓	
7	N	✓	
8	N	✓	
9	✓	✓	✓
10	✓	✓	✓
11	N	✓	
12	N	✓	
13	N	✓	
14	N	✓	
15	✓	✓	N
16	N	✓	
17	✓	✓	
18	✓	✓	
19	✓	✓	
20	✓	✓	
21	✓	✓	
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24	N	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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